

NY STATE CLIENT SEMI-ANNUAL REPORT

Marking Instructions: Please type or use blue or black ink pen.
Completely fill in one circle.
Print legible numbers and block letters, no script.

COMPLETE ALL SECTIONS
before submitting or form will be returned.

I Reporting Information

Year: 2013

Fill in circle if amendment ☐

Report Period: ☒ January/June ☐ July/December

Type of Lobbying: ☒ Nonprocurement ☐ Procurement ☐ Both

Client Filing Fee Check Number:

FOR OFFICE USE ONLY

CHK# 80010 50 - New Profile
ENT'D AUG 08 2013
131974
RECEIVED JUL 15 2013
III: (A) 518-472-2288

II Client Information

Name: Teacher Quality Matters Advocacy, Inc.

Permanent Business Address: 345 7th Avenue, Suite 501

City: New York

State: NY

ZIP code: 10001

Business Phone: (212) 257-4346

Fax Number:

Third Party Beneficiary (see instructions):

III Lobbyist(s) Information & Compensation (Current Period Only)

Any individual or organization that has lobbied on behalf of the client must be reported below, regardless of whether the threshold was exceeded by that individual or organization.

A Type of Lobbyist: ☒ Retained ☐ Employed ☐ Designated

Level of Gov't: ☒ State Lobbying ☐ Local Lobbying ☐ Both

Name: Meara Avella Dickinson

Phone Number:

Address: 111 Washington Avenue, Suite 305

City: Albany

State: NY

ZIP code: 12210

Compensation for current period: \$75,000 .00

B Type of Lobbyist: ☐ Retained ☒ Employed ☐ Designated

Level of Gov't: ☐ State Lobbying ☐ Local Lobbying ☒ Both

Name: Teacher Quality Matters Advocacy, Inc.

Phone Number: (212) 257-4346

Address: 345 7th Avenue, Suite 501

City: New York

State: NY

ZIP code: 10001

Compensation for current period: \$7,854 .00

C Type of Lobbyist: ☐ Retained ☐ Employed ☐ Designated

Level of Gov't: ☐ State Lobbying ☐ Local Lobbying ☒ Both

Name:

Phone Number:

Address:

City:

State:

ZIP code:

Compensation for current period: \$.00

☒ Continued on attached pages

D TOTAL COMPENSATION of ALL lobbyists for current period.....(A+B+C+addendum sheets): \$82,854 .00

Designated Addendum sheet for sections III and IV

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

III Lobbyist(s) Information & Compensation (Current Period Only)

Any individual or organization that has lobbied on behalf of the client must be reported below, regardless of whether the threshold was exceeded by that individual or organization.

Type of Lobbyist: ☐ Retained ☒ Employed ☐ Designated

Level of Gov't: ☐ State Lobbying ☐ Local Lobbying ☒ Both

Name: Glen Weiner

Phone Number: (212) 257-4346

Address: 345 7th Avenue, Suite 501

City: New York

State: NY

ZIP code: 10001

Compensation for current period: \$0 .00

Type of Lobbyist: ☐ Retained ☐ Employed ☐ Designated

Level of Gov't: ☐ State Lobbying ☐ Local Lobbying ☐ Both

Name:

Phone Number:

Address:

City:

State:

ZIP code:

Compensation for current period: \$.00

Type of Lobbyist: ☐ Retained ☐ Employed ☐ Designated

Level of Gov't: ☐ State Lobbying ☐ Local Lobbying ☐ Both

Name:

Phone Number:

Address:

City:

State:

ZIP code:

Compensation for current period: \$.00

IV Other Expenses (Current Semi-Annual Period Only)

| | | |
|--|----------------|---|
| PAID TO: | DATE: / / | <input type="radio"/> Ad <input type="radio"/> Social Event |
| PURPOSE: | AMOUNT: \$.00 | <input type="radio"/> *Addendum attached |
| <input type="radio"/> PROCUREMENT <input type="radio"/> NONPROCUREMENT | | |

| | | |
|--|----------------|---|
| PAID TO: | DATE: / / | <input type="radio"/> Ad <input type="radio"/> Social Event |
| PURPOSE: | AMOUNT: \$.00 | <input type="radio"/> *Addendum attached |
| <input type="radio"/> PROCUREMENT <input type="radio"/> NONPROCUREMENT | | |

| | | |
|--|----------------|---|
| PAID TO: | DATE: / / | <input type="radio"/> Ad <input type="radio"/> Social Event |
| PURPOSE: | AMOUNT: \$.00 | <input type="radio"/> *Addendum attached |
| <input type="radio"/> PROCUREMENT <input type="radio"/> NONPROCUREMENT | | |

| | | |
|--|----------------|---|
| PAID TO: | DATE: / / | <input type="radio"/> Ad <input type="radio"/> Social Event |
| PURPOSE: | AMOUNT: \$.00 | <input type="radio"/> *Addendum attached |
| <input type="radio"/> PROCUREMENT <input type="radio"/> NONPROCUREMENT | | |

| | | |
|--|----------------|---|
| PAID TO: | DATE: / / | <input type="radio"/> Ad <input type="radio"/> Social Event |
| PURPOSE: | AMOUNT: \$.00 | <input type="radio"/> *Addendum attached |
| <input type="radio"/> PROCUREMENT <input type="radio"/> NONPROCUREMENT | | |

IV Other Expenses (Current Semi-Annual Period Only)

| | | | |
|---|--|--|--------------|
| A | Report in the aggregate all expenses less than or equal to \$75: | \$ | .00 |
| B | Report in the aggregate all expenses for salaries of non-lobbying employees: | \$ | .00 |
| C Itemize each expense exceeding \$75: | | | |
| PAID TO: | ZTribeca | DATE: | 3 / 12 / 13 |
| PURPOSE: | Video | AMOUNT: | \$16,700 .00 |
| <input type="radio"/> PROCUREMENT <input checked="" type="radio"/> NONPROCUREMENT | | <input checked="" type="radio"/> Ad <input type="radio"/> Social Event | |
| | | <input type="radio"/> *Addendum attached | |
| PAID TO: | | DATE: | / / |
| PURPOSE: | | AMOUNT: | \$.00 |
| <input type="radio"/> PROCUREMENT <input type="radio"/> NONPROCUREMENT | | <input type="radio"/> Ad <input type="radio"/> Social Event | |
| | | <input type="radio"/> *Addendum attached | |
| <input type="radio"/> Continued on attached pages | | | |

* If any expense listed above exceeds \$75 for an individual, you must attach the addendum page listing the expense, dollar amount attributable to the individual and the name, title and employer of the individual.

D Total expenses for current period: \$16,700 .00 (if applicable, include all expenses from attached pages in total)

V Source of Funding Disclosure

Instructions: In the event only one person or entity is listed as the Single Source for a Contribution(s), use Section A. In the event multiple persons or entities have been aggregated as a Single Source for a Contribution(s), use Section B.

A Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received. If more than five Contributions from the Single Source have been received, use section V(C) of the Addendum for the additional Contributions.

Contribution(s) from Single Source #1

Single Source Entity's Name:

or

Single Source Person's Last Name: Jones

First Name: Paul Tudor

Address: 92 Harbor Drive

City: Greenwich

State: CT

ZIP code: 06830

Phone: (203) 863-6700

Date Contribution Received: 3 / 8 / 2013 Amount of Contribution: \$420,000 .00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions:

☐**Contribution(s) Single Source #2**

Single Source Entity's Name:

or

Single Source Person's Last Name:

First Name:

Address:

City:

State:

ZIP code:

Phone:

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions:

☐

Check here if there are Contribution(s) from Single Source(s) other than those listed above. Use Section V(A) of the Addendum to list all such Contributions:

☐

V Source of Funding Disclosure**B Single Source information for a Contribution(s) from multiple, Related, or Affiliated Entities.****Contributions from Single Source #1**

Related or Affiliated Entity or Person:

Entity's or Person's Full Name:

Entity's or Person's Address:

Entity's or Person's Phone:

Dates and Amounts of Contributions from Entity or Person:

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions:☐

Related or Affiliated Entity or Person:

Entity's or Person's Full Name:

Entity's or Person's Address:

Entity's or Person's Phone:

Dates and Amounts of Contributions from Entity or Person:

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions:☐**Check here if using section V(B) of the Addendum for additional Related, or Affiliated Entities or Persons:**☐**Contributions from Single Source #2**

Related or Affiliated Entity or Person:

Entity's or Person's Full Name:

Entity's or Person's Address:

Entity's or Person's Phone:

Dates and Amounts of Contributions from Entity or Person:

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions:☐

Related or Affiliated Entity or Person:

Entity's or Person's Full Name:

Entity's or Person's Address:

Entity's or Person's Phone:

Dates and Amounts of Contributions from Entity or Person:

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions:☐**Check here if using section V(B) of the Addendum for additional Related, or Affiliated Entities or Persons:**☐**Check here if there are Contribution(s) from Single Source(s) other than those listed above. Use Section V(B) of the Addendum to list all such Contributions:**☐

VI Subjects lobbied:

Education Issues

☐ Continued on attached pages**VII** Person, State Agency, Municipality or Legislative Body lobbied:

Administrative, Executive and Legislative Branches of Government

☐ Continued on attached pages**VII** Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

S2607D, A3007D

☐ Continued on attached pages**VIII** Title and Identifying Numbers of procurement contracts/documents lobbied:

N/A

☐ Continued on attached pages**IX** Number or Subject Matter of Executive Order of Governor/Municipality lobbied:

N/A

☐ Continued on attached pages**X** Subject Matter of and Tribes involved in tribal-state compacts, etc lobbied:

N/A

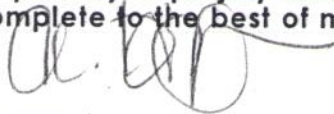
☐ Continued on attached pages**XI Declaration**

This Declaration must be signed by the Chief Administrative Officer. (If the Chief Administrative Officer, for any reason, does not sign, he/she must duly designate another person to sign this Declaration.) (See Instructions.)

I declare under penalty of perjury that the information contained in this report is true, correct, and complete to the best of my knowledge and belief.

X

SIGNATURE:



DATE:

7/12/13

PRINT NAME: LAST Dickens

FIRST Angelia

TITLE: General Counsel

Mark One: ☒ Chief Administrative Officer ☐ Designee(Attach Letter)**The following MUST be attached to this report at the time of submission:**

- You must attach a \$50 dollar filing fee to each semi-annual report. (No fee is required for amendments to the original)
- If applicable, a designation letter if you have marked designee in section XI.
- If applicable, continuation sheets for sections III, IV, V, VI, VII, VIII, IX and X.

PLEASE NOTE You may be assessed up to \$25 for each day this report is late.